2010 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50092

1. Entity Name
ASACIACION Historica Cubana. INC
Cross Ref: CUBAN Historic ASSOCIATION
Corp. No. N50092

Principal Place of Business / Mailing Address
437 SW 20 Rd, MIAMI, FL. 33129

FEI #: 650350959

FILED
10 MAY 20 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200180843822
05/13/10--01030--003 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
437 SW 20 Road	Miami FL. 33129
Suite, Apt. #, etc. N-A	Suite, Apt. #, etc. N/A
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0350959 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
437 SW 20 Road MIAMI, FL 33129	Name: Esteban M. Beruvides Street Address (P.O. Box Number is Not Acceptable): 437 SW 20 Road Miami FL City: Miami FL Zip Code: 33129

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Esteban M. Beruvides — MAY 10/2010
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Beruvides, Esteban M 437 SW 20 Road Miami FL 33129 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Beruvides, Mario C 620 Aledo Ave C. Gables, FL. 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Beruvides, C. Marcelo 3121 SW 82 CT MIAMI, FL 33155 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Del Valle Ramos, Gladys. 6102 SW 18 Terr. W. MIAMI, FL. 33144 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beruvides MAY 10/10 (305) 854 1938